

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-026602

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 317

Primary Registration District No. 500

Registrar's No. 1839

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 4000

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DATE AMENDED

INSTEAD OF

SHOULD READ -

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBON

|   |                                  |   |  |
|---|----------------------------------|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>St. Louis</b>   |                                  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>St. Louis</b>                |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Lemay (25)</b>  |                                  | Length of stay in 1b<br><b>7 years</b>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>146 E. Etta Avenue</b>  |                                  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| d. STREET ADDRESS<br><b>146 E. Etta Avenue</b>  |                                  | (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>GUSTAVE</b> Middle <b>AUGUST</b> Last <b>CORDES</b>  |                                  | 4. DATE OF DEATH<br>Month <b>June</b> Day <b>6</b> Year <b>1963</b>   |  |
| 5. SEX<br><b>Male</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input checked="" type="checkbox"/> | 8. DATE OF BIRTH<br><b>8/17/81</b>               |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Pharmacist</b>  |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>Drug Store</b>  | 9. AGE (last birthday)<br><b>81 yrs.</b>         |
| 11a. FATHER'S NAME<br><b>Frederick Cordes</b>   |                                  | 11b. MOTHER'S MAIDEN NAME<br><b>Wilhelmina Streutker</b>  | 12. CITIZEN OF WHAT COUNTRY<br><b>USA</b>        |
| 13a. FATHER'S NAME<br><b>Frederick Cordes</b>   |                                  | 14. NAME OF HUSBAND OR WIFE<br><b>Lillian Lehr Cordes</b>   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of serv)<br><b>No</b>   |                                  | 17. INFORMANT<br>Address<br><b>Mrs. J. A. Ross, 7703 Walinca Terr. (5)</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>COR Pulmonate</b><br>DUE TO (b) <b>Pulmonary Emphysema</b><br>DUE TO (c) <b>Arteriosclerosis, Generalized</b><br>PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) |                                  |   | INTERVAL BETWEEN ONSET AND DEATH<br><b>2 yrs</b> |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>   |                                  | 20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |  |
| 20c. TIME OF INJURY<br>Hour <b>10:30</b> a.m. <b>P.</b> Month, Day, Year <b>1961</b>  |                                  | 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   |  |
| 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)  |                                  | 20f. CITY, TOWN, OR LOCATION<br><b>Present</b>  |  |
| 20g. COUNTY<br><b>St. Louis</b>   |                                  | 20h. STATE<br><b>Missouri</b>   |  |
| 21. I attended the deceased from <b>1961</b> to <b>Present</b> and last saw him alive on <b>6-4-63</b>  |                                  | 22. SIGNATURE<br><b>Leo J. Murphy MD</b> (Degree or title)  |  |
| 22a. ADDRESS<br><b>1400 Telegraph St</b>  |                                  | 22c. DATE SIGNED<br><b>6-8-63</b>   |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Burial</b>  |                                  | 23b. DATE<br><b>June 10, 1963</b>   |  |
| 23c. NAME OF CEMETERY OR CREMATORY<br><b>Memorial Park Cemetery</b>   |                                  | 23d. LOCATION (City, town, or county) (State)<br><b>St. Louis County, Missouri</b>  |  |
| 24. FUNERAL DIRECTOR<br><b>Beiderwieden F.H. Inc., 1936 St. Louis (6)</b>   |                                  | 25. DATE RECD. BY LOCAL REG.<br><b>6-8-63</b>   |  |
| 26. REGISTRAR'S SIGNATURE<br><b>John B. Murphy MD</b>   |                                  |   |  |

Dr. Geo. Trumbo  
1900 Telegraph Rd.  
Tul. 2-6233 1-4 Tru  
10-12 Sat

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_ Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. 11520

P. O. Address St. Louis, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.